

KPDES FORM 1

3609

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY
USE

0098621

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Mountain Water District

B. Facility Name and Location

Facility Location Name:

Johns Creek Day Care Center

Facility Location Address (i.e. street, road, etc., not P.O. Box):

Ford Mountain Road, Meta

Facility Location City, State, Zip Code:

Pike County, Ky. 41501

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address:

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☒ Ms. ☐

Will Brown

Mailing Address:

P.O.Box 3157

Mailing City, State, Zip Code:

Pikeville, Ky. 41502

Facility Contact Telephone Number:

606-631-4000

Owner's Telephone Number (if different):

606-631-9162

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Requesting reissuance of an existing KPDES permit.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

4952-Sewerage Systems

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Pike

City where facility is located (if applicable):

Meta

C. Body of water receiving discharge:

John Creek

D. Facility Site Latitude (degrees, minutes, seconds):

37.568056

Facility Site Longitude (degrees, minutes, seconds):

- 82.453333

E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): N/A

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Chris Coleman

Telephone Number:

606-631-9162

Operator Mailing Address (Street):

P.O.Box 3157

Operator Mailing Address (City, State, Zip Code):

Pikeville, Ky. 41502

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Certification Number:

13709

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0098621

Issue Date of Current Permit:

02/01/1999

Expiration Date of Current Permit:

01/31/2004

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

| CATEGORY | EXISTING PERMIT WITH NO. | PERMIT NEEDED WITH PLANNED APPLICATION DATE |
|--|--------------------------|---|
| Air Emission Source | N/A | |
| Solid or Special Waste | | |
| Hazardous Waste - Registration or Permit | | |

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Mountain Water District

DMR Official Telephone Number:

606-631-9162

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Mountain Water District

DMR Mailing Address:

P.O.Box 3157

DMR Mailing City, State, Zip Code:

Pikeville, Ky. 41502

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Public Owned Treatment Works (No Fee Due)

Filing Fee Enclosed:

\$0.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

Mr. ☒ Ms. ☐ Will Brown, Manager

TELEPHONE NUMBER (area code and number):

606-631-9162

SIGNATURE

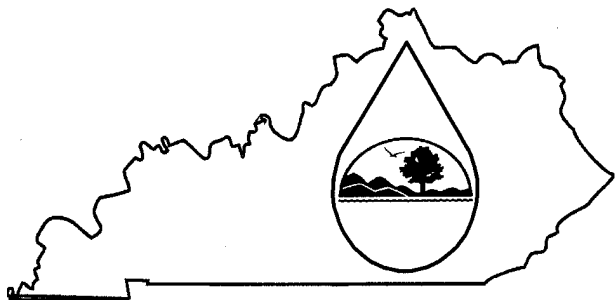


DATE:

8/15/08

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

| | | | | | | | |
|---|--|--|--|---------------|--|--|--|
| NAME OF FACILITY: Johns Creek Day Center | | | | | | | |
| I. FACILITY DISCHARGE FREQUENCY | | | | AGENCY USE | | | |
| A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.) | | | | | | | |
| B. How many days per week? | | | | 7 | | | |
| II. A. Give the basis of design for sizing of the wastewater facility (see instructions): N/A - Existing Facility | | | | | | | |
| B. If new discharger, indicate anticipated discharge date: | | | | | | | |
| C. Indicate the design capacity of the treatment system: | | | | 0.001 MGD | | | |

| III. Outfall Location (see instructions) | | | | | | | |
|---|----------|---------|---------|----------------------|---------|---------|---|
| Outfall (list) | LATITUDE | | | LONGITUDE | | | RECEIVING WATER (name) |
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds | |
| 01 | 37 | 34 | 5 | 82 | 27 | 12 | Ford Branch of Johns Creek@ mile point 0.6 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.) | | | | USGS Topographic Map | | | |

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

| OUTFALL NO. (list) | OPERATION(S) CONTRIBUTING FLOW | | TREATMENT | |
|-----------------------|--------------------------------|---------------------------------------|---------------------------|-------------------------------|
| | Operation (list) | Avg/Design Flow (include units) | List treatment components | List Codes from Table SC-1 |
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

| | | |
|--------------------------|-----------|--|
| <input type="checkbox"/> | Antimony | |
| <input type="checkbox"/> | Arsenic | |
| <input type="checkbox"/> | Beryllium | |
| <input type="checkbox"/> | Cadmium | |
| <input type="checkbox"/> | Chromium | |

| | | |
|--------------------------|----------|--|
| <input type="checkbox"/> | Copper | |
| <input type="checkbox"/> | Lead | |
| <input type="checkbox"/> | Mercury | |
| <input type="checkbox"/> | Nickel | |
| <input type="checkbox"/> | Selenium | |

| | | |
|--------------------------|----------|--|
| <input type="checkbox"/> | Silver | |
| <input type="checkbox"/> | Thallium | |
| <input type="checkbox"/> | Zinc | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

N/A

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

Johns Creek Day Care Center

1 Facility

TOTAL POPULATION SERVED

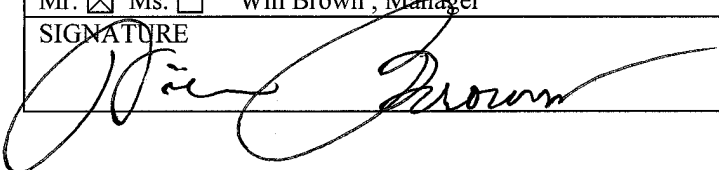
| XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS | | |
|--|-------------|----------------------|
| Additive | Composition | Concentration (mg/l) |
| | | |
| | | |
| | | |

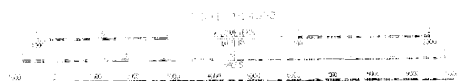
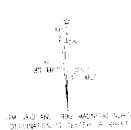
| XII. EFFLUENT CHARACTERISTICS | | | |
|--|-----------------|-----------------|-------------------|
| A. Indicate results of analysis for pollutants listed below. | | | |
| POLLUTANT/PARAMETER | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |
| BOD ₅ | N/A | | |
| TOTAL SUSPENDED SOLIDS | | | |
| FECAL COLIFORM | | | |
| TOTAL RESIDUAL CHLORINE | | | |
| OIL AND GREASE | | | |
| CHEMICAL OXYGEN DEMAND | | | |
| TOTAL ORGANIC CARBON | | | |
| AMMONIA | | | |
| DISCHARGE FLOW | | | |
| pH | | | |
| TEMPERATURE (WINTER) | | | |
| TEMPERATURE (SUMMER) | | | |

| | |
|------------------------------------|--|
| B. Frequency and duration of flow: | |
|------------------------------------|--|

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|--|--|
| NAME AND OFFICIAL TITLE (type or print): | TELEPHONE NUMBER (area code and number): |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Will Brown, Manager | 606-631-9162 |
| SIGNATURE | DATE |
|  | 8/15/08 |

[illegible][illegible]

← "Cognitive" is a *process* of thinking, not a *product* of thinking.



MEIA BOTTOM, KY.
SE 1/4 PINEVILLE 15 QUADRANGLE
T 106 N. R. 1 E. S. 4
1/4 34 1/2
DMA 4458 1 SE-SERIES V655